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## ***NEWS RELEASE***

FOR IMMEDIATE RELEASE

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### **Congress approves \$750 million for diabetes prevention, treatment for Native Americans**

*Funds provide flexibility to address community needs*

WASHINGTON – With diabetes reaching epidemic proportions among Native Americans, U.S. Rep. George Nethercutt (R-Wash.) announced today that Congress has agreed to dramatically increase funding to improve prevention and treatment of the disease among Native Americans, who suffer from two and a half times the incidence of diabetes as Caucasians.

The House-passed bill, H.R. 5738, provides \$1.5 billion over the next five years for diabetes research, prevention and treatment. Half of the money will be spent on type 1 (juvenile) diabetes research at the Department of Health and Human Services. The other \$750 million will aid the treatment and prevention of diabetes for Native Americans through the Special Diabetes Program for Indians. The funding represents a 50 percent increase in spending on the program over previous levels.

"On average, at least one in ten Native Americans is receiving diabetes treatment from the Indian Health Service. In some areas of the country, nearly 25 percent of Native Americans are living with this disease. This puts a tremendous strain on families, tribes, and on the tribal health care system," Nethercutt said. "The Special Diabetes Program has become a critical part of the nation's federal investment in providing better health care for Native Americans with diabetes. With this 50 percent funding increase, tribes and organizations will be able to implement innovative ways to stem the tide of this potentially devastating disease."

This program provides funding to the Indian Health Service (IHS), which in turn awards grants to American Indian/Alaska Native tribes, clinics, and other organizations for the prevention and treatment of diabetes among their populations. Grant awards have been used in several ways, including the development and enhancement of diabetes programs that utilize traditional cultural methods; the creation, improvement, and augmentation of diabetes care provider teams; and the establishment and improvement of local diabetes clinics.

"These funds improve the flexibility for communities to provide the services most needed to prevent and treat diabetes," Nethercutt said.

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